

NOTICE OF PRIVACY PRACTICES --- ACKNOWLEDGEMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Yakima Medical Clinic.

Our **Notice of Privacy Practices** describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of Notice of Privacy Practices.

Patient or legal authorized individual signature

Date

Time

This form will be retained in your medical record

Last Update: ___ / ___ / ___

Yakima Medical Clinic Patient Privacy Questionnaire

PATIENT NAME: _____ DATE: _____

Please list the family members or the other persons, if any, whom we may inform about your general medical condition and your diagnosis (including treatment, payment, account information and health care operations):

NAME: _____ NAME: _____

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Please list the family members or significant others if any, whom we may inform about your medical condition **ONLY IN A EMEREGENCY:**

NAME: _____ NAME: _____

NAME: _____ NAME: _____

Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home:

I acknowledge that my PHI (Private Health Information) may be dispersed via E-Mail, Internet, Electronic Billing, Facsimile machine ad U.S. Postal Service and give my consent for any one of these means to be utilized.

YES _____

NO _____

Please print the telephone number where you want to receive call about your appointments, lab and x-ray results, account information, or other health care information other than your home number:

I am fully aware that a cell phone is not a secure and private line

Can confidential messages (i.e., appointment reminders) be left on your telephone answering machine or voicemail?

YES _____

NO _____

PATIENT/GUARDIAN SIGNATURE

DATE

RELATIONSHIP TO PATIENT